

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">OCT 04 2021</p> <p>Attorney General of the United States United States Department of Justice 950 Pennsylvania Avenue, NW Washington, DC 20530 1:21cv39 Doc #15/16</p> <p>9590 9402 5550 9249 2854 48</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7018 1130 0000 3798 2183</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">FILED</p> <p style="text-align: center;">OCT 12 2021</p> <p style="text-align: center;">U.S. DISTRICT COURT</p> <p style="text-align: center;">ELKINS WY 25401</p>	
<p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p>		<p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	